

<i>SERFF Tracking Number:</i>	<i>SFCC-125289370</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Safety National Casualty Corporation, ...</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026119</i>
<i>Company Tracking Number:</i>	<i>4-SNSFE-07-AR</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0000 WC Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>4-SNSFE-07-AR</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Companies: Safety National Casualty Corporation, Safety First Insurance Company

Product Name: 4-SNSFE-07-AR	SERFF Tr Num: SFCC-125289370	State: Arkansas
TOI: 16.0 Workers Compensation	SERFF Status: Closed	State Tr Num: AR-PC-07-026119
Sub-TOI: 16.0000 WC Sub-TOI Combinations	Co Tr Num: 4-SNSFE-07-AR	State Status:
Filing Type: Rule	Co Status:	Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
	Authors: Marilyn Tinnell, Casey Lancaster, Paula Kilen	Disposition Date: 09/19/2007
	Date Submitted: 09/18/2007	Disposition Status: Approved
Effective Date Requested (New): 01/01/2008		Effective Date (New): 01/01/2008
Effective Date Requested (Renewal): 01/01/2008		Effective Date (Renewal):

General Information

Project Name:	Status of Filing in Domicile: Not Filed
Project Number:	Domicile Status Comments: Not Filed – MO (Item B-1387-A) IL (Item B-1404); Authorized – MO – (Item B-1397-A; Item B-1404); IL (Item B-1387-A; Item B-1397-A)
Reference Organization: NCCI, Inc.	Reference Number: N/A
Reference Title: N/A	Advisory Org. Circular: N/A
Filing Status Changed: 09/19/2007	
State Status Changed: 09/18/2007	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Ms. Carol Stiffler	
Senior Rate & Form Analyst	
Property & Casualty Division	
Arkansas Insurance Department	
1200 West Third Street	
Little Rock, AR 72201-1904	

SERFF Tracking Number: *SFCC-125289370* *State:* *Arkansas*
First Filing Company: *Safety National Casualty Corporation, ...* *State Tracking Number:* *AR-PC-07-026119*
Company Tracking Number: *4-SNSFE-07-AR*
TOI: *16.0 Workers Compensation* *Sub-TOI:* *16.0000 WC Sub-TOI Combinations*
Product Name: *4-SNSFE-07-AR*
Project Name/Number: */*

Re: Safety National Casualty Corporation (SNCC) and Safety First Insurance Company (SFIC)

Workers' Compensation and Employers' Liability – Rate/Rule Filing – Adoption of NCCI Item Filing B-1387-A – Revisions of Basic Manual

Classifications – Amendment; Item Filing B-1397-A – Revisions to Basic Manual Classifications & Rules – Amendment; and Item B-1404 –

Basic Manual Revision to Appendix E – Table of Classifications by Hazard Group

SNCC FEIN No. 43-0727872 SNCC NAIC No. 0074-15105

SFIC FEIN No. 43-1901552 SFIC NAIC No. 0074-11123

Company File No.: 4-SNSFE-07-AR

Proposed Effective Date: January 1, 2008

Dear Ms. Stiffler:

Safety National Casualty Corporation (SNCC) and Safety First Insurance Company (SFIC) wish to submit the captioned filing for your review and acknowledgment. We intend to adopt the NCCI Item Filing Item Filing B-1387-A – Revisions of Basic Manual Classifications – Amendment, as noted effective October 1, 2007; Item Filing B-1397-A – Revisions to Basic Manual Classifications & Rules – Amendment, as noted effective July 1, 2007; and Item B-1404 – Basic Manual Revision to Appendix E – Table of Classifications by Hazard Group, as noted effective January 1, 2008, as published in NCCI Status of Item Filings IF-2007-09-02.

In accordance with the filing requirements for the State of Arkansas, we are attaching the following:

1. Property and Casualty Transmittal Document, PC TD-1,
2. Rate/Rule Filing Schedule, PC RRFS-1, and
3. A check for \$25.00, payable to State Insurance Department Trust Fund, Arkansas Insurance Department, which represents the

applicable group filing fee, will be sent under separate cover via U.S. mail.

We would like this filing to be effective January 1, 2008 as noted above. If you need additional information, please feel free to call me at (888) 995-5300, extension 308, FAX me at (314) 995-6847, or e-mail me at marilyn.tinnell@sncc.com.

Sincerely,

SERFF Tracking Number:	SFCC-125289370	State:	Arkansas
First Filing Company:	Safety National Casualty Corporation, ...	State Tracking Number:	AR-PC-07-026119
Company Tracking Number:	4-SNSFE-07-AR		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0000 WC Sub-TOI Combinations
Product Name:	4-SNSFE-07-AR		
Project Name/Number:	/		

Marilyn Tinnell, CPCU
Compliance Manager

Company and Contact

Filing Contact Information

Marilyn Tinnell, Compliance Manager
2043 Woodland Parkway
Saint Louis, MO 63146

marilyn.tinnell@sccc.com
(314) 995-5300 [Phone]
(314) 995-6847[FAX]

Filing Company Information

Safety National Casualty Corporation
2043 Woodland Parkway

CoCode: 15105
Group Code: 74

State of Domicile: Missouri
Company Type: Property and
Casualty

Saint Louis, MO 63146
(314) 995-5300 ext. [Phone]

Group Name: Delphi Financial
FEIN Number: 43-0727872

State ID Number:

Safety First Insurance Company
2043 Woodland Parkway

CoCode: 11123
Group Code: 74

State of Domicile: Illinois
Company Type: Property &
Casualty

Saint Louis, MO 63146

(314) 372-7512 ext. 308[Phone]

Group Name: Delphi Financial
Group
FEIN Number: 43-1901552

State ID Number:

Filing Fees

Fee Required?	Yes
Fee Amount:	\$25.00
Retaliatory?	No
Fee Explanation:	\$25 to adopt rules, item filings, or file company rules.
Per Company:	No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
129578	\$25.00	09/17/2007

SERFF Tracking Number:	SFCC-125289370	State:	Arkansas
First Filing Company:	Safety National Casualty Corporation, ...	State Tracking Number:	AR-PC-07-026119
Company Tracking Number:	4-SNSFE-07-AR		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0000 WC Sub-TOI Combinations
Product Name:	4-SNSFE-07-AR		
Project Name/Number:	/		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	09/19/2007	09/19/2007

SERFF Tracking Number:	SFCC-125289370	State:	Arkansas
First Filing Company:	Safety National Casualty Corporation, ...	State Tracking Number:	AR-PC-07-026119
Company Tracking Number:	4-SNSFE-07-AR		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0000 WC Sub-TOI Combinations
Product Name:	4-SNSFE-07-AR		
Project Name/Number:	/		

Disposition

Disposition Date: 09/19/2007
Effective Date (New): 01/01/2008
Effective Date (Renewal):
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number:	SFCC-125289370	State:	Arkansas
First Filing Company:	Safety National Casualty Corporation, ...	State Tracking Number:	AR-PC-07-026119
Company Tracking Number:	4-SNSFE-07-AR		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0000 WC Sub-TOI Combinations
Product Name:	4-SNSFE-07-AR		
Project Name/Number:	/		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Rate	NAIC Rate/Rule Schedule	Approved	Yes

<i>SERFF Tracking Number:</i>	<i>SFCC-125289370</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Safety National Casualty Corporation, ...</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026119</i>
<i>Company Tracking Number:</i>	<i>4-SNSFE-07-AR</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0000 WC Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>4-SNSFE-07-AR</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	SFCC-125289370	State:	Arkansas
First Filing Company:	Safety National Casualty Corporation, ...	State Tracking Number:	AR-PC-07-026119
Company Tracking Number:	4-SNSFE-07-AR		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0000 WC Sub-TOI Combinations
Product Name:	4-SNSFE-07-AR		
Project Name/Number:	/		

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Approved	NAIC Rate/Rule Schedule		New	4-SNSFE-07-AR Rule Schedule.pdf

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	4-SNSFE-07-AR
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	N/A
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☐ Rate Increase ☐ Rate Decrease ☒ Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval
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4a.	Rate Change by Company (As Proposed)						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
SNCC	N/A	N/A	N/A	N/A	N/A	N/A	N/A
SFIC	N/A	N/A	N/A	N/A	N/A	N/A	N/A

4b.	Rate Change by Company (As Accepted) For State Use Only						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

Overall Rate Information (Complete for Multiple Company Filings only)			
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		COMPANY USE	STATE USE
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5a.	Overall percentage rate indication (when applicable)	N/A	
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5b.	Overall percentage rate impact for this filing	N/A	
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5c.	Effect of Rate Filing – Written premium change for this program	N/A	
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5d.	Effect of Rate Filing – Number of policyholders affected	N/A	
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6.	Overall percentage of last rate revision	N/A	
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7.	Effective Date of last rate revision	N/A	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	N/A	
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9.	Rule # or Page # Submitted for Review	Replacement or Withdrawn?	Previous state filing number, if required by state
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01	Item B-1387-A – Revisions of Basic Manual Classifications - Amendment	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
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02	Item B-1397-A - Revisions to Basic Manual Classifications and Rules - Amendment	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
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03	Item B-1404 – Basic Manual Revision to Appendix E – Table of Classifications by Hazard Group	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
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SERFF Tracking Number:	SFCC-125289370	State:	Arkansas
First Filing Company:	Safety National Casualty Corporation, ...	State Tracking Number:	AR-PC-07-026119
Company Tracking Number:	4-SNSFE-07-AR		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0000 WC Sub-TOI Combinations
Product Name:	4-SNSFE-07-AR		
Project Name/Number:	/		

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	09/19/2007
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Comments:


Attachment:

4-SNSFE-07-AR P&C Transmittal.pdf

Bypassed -Name:	NAIC Loss Cost Filing Document for Workers' Compensation	Review Status:	Approved	09/19/2007
Bypass Reason:	N/A This is a rule only filing.			
Comments:				

Bypassed -Name:	NAIC loss cost data entry document	Review Status:	Approved	09/19/2007
Bypass Reason:	N/A This is a rule only filing			
Comments:				

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only		2. Insurance Department Use only			
		a. Date the filing is received:			
		b. Analyst:			
		c. Disposition:			
		d. Date of disposition of the filing:			
		e. Effective date of filing:			
		New Business			
		Renewal Business			
		f. State Filing #:			
		g. SERFF Filing #:			
		h. Subject Codes			
3. Group Name					Group NAIC #
Delphi Financial Group, Inc.					0074
4. Company Name(s)		Domicile	NAIC #	FEIN #	State #
Safety National Casualty Corporation		MO	15105	43-0727872	
Safety First Insurance Company		IL	11123	43-1901552	
5. Company Tracking Number		4-SNSFE-07-AR			
Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]					
6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Marilyn Tinnell, CPCU 2043 Woodland Parkway St. Louis, MO 63146	Compliance Manager	(888) 995-5300, ext. 308	(314) 995-6847	marilyn.tinnell@ sncc.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Marilyn Tinnell		
Filing information (see General Instructions for descriptions of these fields)					
9.	Type of Insurance (TOI)	16.0000 Workers' Compensation			
10.	Sub-Type of Insurance (Sub-TOI)	16.0001 Alt WC, 16.0002 EL and 16.0004 Std WC			
11.	State Specific Product code(s) (if applicable)[See State Specific Requirements]	N/A			
12.	Company Program Title (Marketing title)	Workers Compensation & Employers Liability			
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14.	Effective Date(s) Requested	New: January 1, 2008 Renewal: January 1, 2008			
15.	Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
16.	Reference Organization (if applicable)	NCCI, Inc.			
17.	Reference Organization # & Title	NCCI Item Filing B-1387-A – Revisions of Basic Manual Classifications – Amendment; Item Filing B-1397-A – Revisions to Basic Manual Classifications & Rules – Amendment; and Item B-1404 – Basic Manual Revision to Appendix E – Table of Classifications by Hazard Group			
18.	Company's Date of Filing	September 17, 2007			
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed – MO (Item B-1387-A) IL (Item B-1404); <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized – MO – (Item B-1397-A; Item B-1404); IL (Item B-1387-A; Item B-1397-A) <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	4-SNSFE-07-AR
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

Ms. Carol Stiffler
Senior Rate & Form Analyst
Property & Casualty Division
Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201-1904

Re: Safety National Casualty Corporation (SNCC) and Safety First Insurance Company (SFIC)
Workers' Compensation and Employers' Liability – Rate/Rule Filing – Adoption of NCCI Item Filing B-1387-A
– Revisions of Basic Manual Classifications – Amendment; Item Filing B-1397-A – Revisions to Basic
Manual Classifications & Rules – Amendment; and Item B-1404 – Basic Manual Revision to Appendix E –
Table of Classifications by Hazard Group
SNCC FEIN No. 43-0727872 SNCC NAIC No. 0074-15105
SFIC FEIN No. 43-1901552 SFIC NAIC No. 0074-11123
Company File No.: 4-SNSFE-07-AR
Proposed Effective Date: January 1, 2008

Dear Ms. Stiffler:

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In accordance with the filing requirements for the State of Arkansas, we are attaching the following:

1. Property and Casualty Transmittal Document, PC TD-1,
2. Rate/Rule Filing Schedule, PC RRFS-1 and
3. A check for \$25.00, payable to State Insurance Department Trust Fund, Arkansas Insurance Department, which represents the applicable group filing fee, will be sent under separate cover via U.S. mail.

We would like this filing to be effective January 1, 2008 as noted above. If you need additional information, please feel free to call me at (888) 995-5300, extension 308, FAX me at (314) 995-6847, or e-mail me at marilyn.tinnell@sncc.com.

Sincerely,



Marilyn Tinnell, CPCU
Compliance Manager

Enclosures

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<div style="margin-bottom: 20px;"> Check #: Amount: \$25.00 </div> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**